

## Application Data Sheet

### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: OPTICAL UNIT FOR A MOTOR  
VEHICLE  
Attorney Docket Number:: 0512-1018  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 4  
Small Entity?: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: SEBASTIEN  
Middle Name::  
Family Name:: BERNE  
City of Residence:: MONTBELIARD  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 20 RUE VELOTTE  
Address::  
City of Mailing Address:: MONTBELIARD  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 25200

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: CAROLINE  
Middle Name::  
Family Name:: RIVIERE  
City of Residence:: VALENTIGNEY  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 41 RUE DES GRAVIERS  
Address::  
City of Mailing Address:: VALENTIGNEY  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 25700

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	01 02754	2/28/01	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::